

Case Number:	CM13-0033739		
Date Assigned:	01/15/2014	Date of Injury:	10/06/2003
Decision Date:	10/29/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 67 year-old female with date of injury 10/01/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/13/2013, lists subjective complaints as pain in the right hip and right knee. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the left knee revealed slight discomfort at palpation. Right knee was noted as having very diffuse pain. No sensory exam, motor exam or provocative maneuvers were performed. Range of motion was not noted. Diagnosis: 1. Right total knee arthroplasty 2. Left total knee arthroplasty 3. Right patellar tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI OF RIGHT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Official Disability Guidelines state that MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues

and is recommended as the first imaging technique employed following plain films. The ODG establish the following indications for MRI imaging: Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, and Tumors. There is no documentation of a right hip examination or x-ray report for the right hip. MRI of the right hip is not medically necessary.